

Adult Dependent Program

Introduction

The Adult Dependent Program is a result of House Bill 446 with Amendments 1 and 2 signed into law by Governor Minner on July 20, 2006. On December 18, 2006, the State Employee Benefits Committee voted to implement this new program consistent with the legislation for the State of Delaware's Group Health Insurance program. This program will provide a period of health care coverage up to age 24, if your adult dependent's coverage was terminated or will terminate due to his/her age; i.e., dependent was terminated from coverage effective December 31 in the year he/she turned 21 and is not a full-time student, or the end of the month in which he/she graduated from college and is not yet 24.

Eligibility Requirements

An Adult Dependent eligible to be covered under this program is a covered person's (employee's or pensioner's) child(ren) by blood or by law who meets all of the following:

- Is less than 24 years of age;
- Is unmarried;
- Has no dependents of his/her own;
- Is either a resident of the State of Delaware or is enrolled as a full-time student at an accredited institution of higher learning; and
- Is not actually provided coverage as a named subscriber, insured, enrollee, or covered person under any other group or individual health benefits plan, group health plan, or church plan, or entitled to benefits under a state's Medical Assistance program.

If Adult Dependent is no longer eligible to be covered under the health plan of the parent or legal guardian (referred to as covered person) because of his/her age, he/she is eligible to enroll in this program provided the covered person continues to have health care coverage through the State of Delaware. The Adult Dependent must contact the healthcare carrier within 30 days of their loss of coverage. If change is not made within the time period specified Adult Dependent must wait until the next Open Enrollment period to enroll in this program.

If Adult Dependent is between the ages of 21 and 24 and is enrolled as a full-time student at an accredited institution of higher learning he/she is eligible to be covered under the health care coverage of the covered person and does not need to enroll in this program.

Program Requirements

- Must provide the same health care plans to enrollees of this program, as are provided through the State of Delaware's Group Health Program to employees and pensioners. Providers of health care plans include Aetna and Blue Cross Blue Shield of Delaware (BCBSD).
- Employee or pensioner must remain actively enrolled in a State of Delaware Group Health Insurance plan provided by Aetna or BCBSD.

- Adult Dependent must enroll in the same health care plan, which provides coverage to their parent or legal guardian who is an employee or pensioner with Group Health Insurance through the State of Delaware.
- Adult Dependent must enroll him/herself by contacting Aetna at 1-877-542-3862 or BCBSD at 1-800-633-2563 or 302-429-0260.
- Health care premiums must be paid directly to Aetna or BCBSD.
- Payroll deductions from the paycheck of the parent or legal guardian with group health insurance through the State are NOT an option.

Coverage for an Adult Dependent child (as defined above) who makes a written election for coverage may not be conditioned upon or discriminated against on the basis of lack of evidence of insurability.

FY'10 Health Care Premium Rates Effective July 1, 2009 to June 30, 2010

| Health Plans | Per Month Cost |
|--|----------------|
| <u>Aetna</u> | |
| HMO | \$352.42 |
| <u>Blue Cross</u> | |
| First State Basic | \$347.66 |
| PPO – Comprehensive | \$376.66 |
| Blue Care (HMO) | \$314.66 |
| Diamond State Port Corp. Point-of-Service*** | \$263.66 |

*** Available to Diamond State Port Corp. employees and pensioners ONLY

To obtain details on each plan go to www.ben.omb.delaware.gov or refer to the following.

Aetna's HMO Plan:

Customer Services at 1-877-542-3862 or www.aetna.com

BCBSD's Plans:

First State Basic

PPO – Comprehensive

Blue Care (HMO)

Customer Services at 1-800-633-2563 or www.bcbsd.com

BCBSD's Point-of-Service (Diamond State Port Corp. employees and pensioners only)

Customer Services at 1-800-633-2563 or Diamond State Port Corp.'s HR Office

Medco (Prescription Drug Provider)

Member Services at 1-800-939-2142 or www.medco.com

Employee Assistance Program (EAP) through HMS

Customer Services at 1-800-343-2186 or www.hmsincorp.com

(username: Delaware, password: statehms04)

End of Coverage

Coverage of an eligible Adult Dependent who enrolls in this Adult Dependent Program is provided until the earlier of the following:

- Adult Dependent child no longer meets the definition of an Adult Dependent because he/she:
 - Reaches 24 years of age;
 - Marries;
 - Has his/her own dependents;
 - Is not a resident of the State of Delaware or is not enrolled as a full-time student at an accredited institution of higher learning; or
 - Has his/her own coverage as a named subscriber, insured, enrollee, or covered person under another group or individual health benefits plan, group health plan, or church plan, or entitled to benefits under a state's Medical Assistance plan.
- The date on which coverage ceases under the contract by reason of a failure to make a timely payment of premium required under the contract. The payment of any premium is considered to be timely if made within 30 days after the due date; or
- The date upon which coverage under the State of Delaware's Group Health plan is terminated for the covered person (parent or legal guardian) of the eligible Adult Dependent.

If applicable, health care provider (Aetna or BCBSD) is responsible for initiating COBRA benefits via the State of Delaware's provider once benefits are terminated under this program.